

LOCAL REGISTRAR'S CERTIFICATION OF DEATH

WARNING: It is illegal to duplicate this copy by photostat or photograph.

Fee for this certificate: \$20.00

P 28072020

Certification Number



This is to certify that the information here given correctly copied from an original Certificate of Death duly filed with me as Local Registrar. The original certificate will be forwarded to the State Vital Records Office for permanent filing.

Henry Lynn Johnson

MAY 10 2021

Date Issued:

COMMONWEALTH OF PENNSYLVANIA • DEPARTMENT OF HEALTH • VITAL RECORDS												Local Registrar	
CERTIFICATE OF DEATH												State File Number: 345954-202	
<p>1. Decedent's Legal Name (First, Middle, Last, Suffix) James Robert Sheller</p> <p>2a. Age-Last Birthday (Yrs) 54</p> <p>2b. Sex <input checked="" type="checkbox"/> Male</p> <p>2c. Social Security Number 4. Date of Death (Month dd, yyyy) April 16, 2021</p> <p>2d. Birthplace (City and State or Foreign Country) Pittsburgh, Pennsylvania</p> <p>2e. Birthplace (County) Allegheny</p>													
<p>3. Date of Birth (Mo/Day/Year) (Spell Month) November 06, 1966</p> <p>4. Did Decedent live in a Township? <input type="checkbox"/></p> <p>5. Did Decedent live in _____, Baldwin</p> <p>6. Informant's Name Beth Leonard</p>													
<p>7a. Residence (State or Foreign Country) Pennsylvania</p> <p>7b. Residence [Street and Number - Include Apt No.] 3233 Churchview Avenue</p> <p>7c. Did decedent live in this home? <input type="checkbox"/></p> <p>7d. Residence (County) Allegheny</p> <p>7e. Residence (Zip Code) 15227</p> <p>7f. State, decedent lived within limits of Baldwin</p>													
<p>8. Ever in US Armed Forces? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown</p> <p>9. Marital Status at Time of Death <input checked="" type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Never Married <input type="checkbox"/> Unknown</p> <p>10. Informant's Name (First, Middle, Last, Suffix) James E. Sheller</p> <p>11. Surviving Spouse's Name (if wife, give name prior to first marriage) Beth Leonard</p>													
<p>12. Father / Parent's Name (First, Middle, Last, Suffix) James E. Sheller</p> <p>13. Mother / Parent's Name Prior to First Marriage (First, Middle, Last, Suffix) Darlene Harmering</p> <p>14. Informant's Name (First, Middle, Last, Suffix) Beth Leonard</p> <p>15. Informant's Mailing Address (Street and Number, City, State, Zip Code) 3233 Churchview Avenue Pittsburgh, PA 15227</p>													
<p>16. If Death Occurred in a Hospital: <input checked="" type="checkbox"/> Inpatient <input type="checkbox"/> Emergency Room/Outpatient <input type="checkbox"/> Dead on Arrival</p> <p>17. If Death Occurred Somewhere Other than a Hospital: <input type="checkbox"/> Nursing Home/Long-Term Care Facility <input type="checkbox"/> Hospice Facility <input type="checkbox"/> Decedent's Home</p>													
<p>18. Facility Name (if not institution, give street and number) Jefferson Hospital</p> <p>19. City or Town, State, and Zip Code Jefferson Hills, Pennsylvania 15025</p> <p>20. County of Death Allegheny</p>													
<p>21. Method of Disposition <input type="checkbox"/> Removal from State <input type="checkbox"/> Burial <input checked="" type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify) April 19, 2021</p> <p>22. Place of Disposition (Name of cemetery, crematory, or other place) Pittsburgh Cremation Services</p>													
<p>23. Location of Disposition (City or Town, State, and Zip) Ross Township, Pennsylvania 15237</p> <p>24. Name and Complete Address of Funeral Facility John F. Slater Funeral Home Inc 4201 Brownsville Road Pittsburgh, Pennsylvania 15227</p>													
<p>25. Signature of Funeral Service Licensee or Person in Charge of Interment Jeffrey L. Moist (Electronically Signed)</p> <p>26. License Number FDO13775L</p>													
<p>27. Decedent's Education - Check the box that best describes the highest degree or level of school completed at the time of death 8th grade or less</p> <p>28. Did you receive any postsecondary education? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes</p> <p>29. High school graduate or GED completed <input type="checkbox"/></p> <p>30. Some college credit, but no degree <input type="checkbox"/></p> <p>31. Associate's degree (e.g. AA, AS) <input type="checkbox"/></p> <p>32. Bachelor's degree (e.g. BA, AB, BS) <input type="checkbox"/></p> <p>33. Master's degree (e.g. MA, MS, MEng, MEd, MSW, MBA) <input type="checkbox"/></p> <p>34. Doctorate (e.g. PhD, EdD) or Professional degree (e.g. MD, DDS, DVM, LBB, JD) <input type="checkbox"/></p>													
<p>35. Decedent's Hispanic Origin - Check the box that best describes whether the decedent is Spanish/Hispanic/Latino. Check the "No" box if decedent is not Spanish/Hispanic/Latino. <input type="checkbox"/> No, <input checked="" type="checkbox"/> Yes, <input type="checkbox"/> Refused, <input type="checkbox"/> Other (Specify) Specify</p> <p>36. Decedent's Race - Check ONE OR MORE races to indicate what the decedent considered himself or herself to be. <input checked="" type="checkbox"/> white <input type="checkbox"/> black <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian Indian <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other Asian <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Other Asian <input type="checkbox"/> Other Hawaiian <input type="checkbox"/> Other Pacific Islander <input type="checkbox"/> Other Asian <input type="checkbox"/> Other Pacific Islander</p>													
<p>37. Decedent's Single Race Self-Designation - Check ONLY ONE to indicate what the decedent considered himself or herself to be. <input type="checkbox"/> white <input type="checkbox"/> black or African American <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian Indian <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other Asian <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Other Pacific Islander <input type="checkbox"/> Samoan <input type="checkbox"/> Other Pacific Islander <input type="checkbox"/> Don't Know/Not Sure <input type="checkbox"/> Refused <input type="checkbox"/> Other (Specify) Specify</p>													
<p>38. Date Pronounced Dead (Mo/Day/Yr) 23a. Date Pronounced Dead (Mo/Day/Yr) 23b. Signature of Person Pronouncing Death (Only when applicable) 23c. License Number</p> <p>39. Was Medical Examiner or Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>													
<p>40. Cause of Death</p> <p>41. Approximate Interval Onset to Death</p>													
<p>42. Decedent's Usual Occupation - Indicate type of work done during most of working life. DO NOT USE RETIRED Auto Customization</p> <p>43. Kind of Business/Industry Automotive</p>													
<p>44. Date Signed (Mo/Day/Yr) 23d. Date Signed (Mo/Day/Yr) 24. Time of Death 13:34 25. Was Medical Examiner or Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>													
<p>45. Decedent's Usual Occupation - Indicate type of work done during most of working life. DO NOT USE RETIRED Auto Customization</p> <p>46. Kind of Business/Industry Automotive</p>													
<p>47. Date of Injury (Mo/Day/Yr) (Spell Month) 32. Date of Injury (Mo/Day/Yr) (Spell Month) 33. Time of Injury</p>													
<p>48. Did Tobacco Use Contribute to Death? 30. Did Tobacco Use Contribute to Death? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> Unknown 31. Manner of Death <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accidental <input type="checkbox"/> Suicide <input type="checkbox"/> Could not be determined</p>													
<p>49. If Female: 34. Place of Injury (e.g. home, construction site, farm, school) 35. Location of Injury (Street and Number, City, State, Zip Code)</p>													
<p>50. Injury at Work 36. Injury at Work 37. If Transportation Injury, Specify: 38. Describe How Injury Occurred:</p>													
<p>51. Did decedent die in a motor vehicle accident? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>													
<p>52. Date of Injury (Mo/Day/Yr) (Spell Month) 32. Date of Injury (Mo/Day/Yr) (Spell Month)</p>													
<p>53. Were autopsy findings available to complete the cause of death? 39c. Were autopsy findings available to complete the cause of death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>													
<p>54. Signature of certifier Jennifer Leap (Electronically Signed) Title of certifier: DO License Number: OS018590</p>													
<p>55. Certifying only - To the best of my knowledge, death occurred due to the cause(s) and manner stated. 39a. Certifier - physician, certified registered nurse practitioner, physician assistant, medical examiner/coroner (Check only one):</p> <p>56. Pronouncing & Certifying - To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner stated. 39b. Name, Address and Zip Code of Person Completing Cause of Death (Item 26): Jennifer Leap</p> <p>57. Medical Examiner/Coroner - On the basis of examination, and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner stated. 39c. Date Signed (Mo/Day/Yr): April 19, 2021</p>													
<p>58. Signature of certifier Jennifer Leap (Electronically Signed) Title of certifier: DO License Number: OS018590</p>													
<p>59. Registrar's District Number 40. Registrar's District Number: 02-031 41. Registrar's Signature: Amy Lynn Smith (Electronically Signed) 42. Registrar File Date (Mo/Day/Yr): April 20, 2021</p>													
<p>60. Amendments 43. Amendments</p>													